

FORM LOB (Rev. 6/2013)

HAWAH TO STATS ACISSIMMOD SOINTS STATS



## HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014		Amended S	tatement			
or Lobbying Reporting Period:	January 1 - la	st day of Febr	uary 🔽 🕅	1arch 1 - April 30	May	1 - December 31
OBBYIST INFORMATION BOLLMETER, ast Name WSB-HAWAI		* -	A R NE N t Name	)	-	<i>S.</i> M.I.
obbyist Firm/Employer 46 -040 KONA	VE PL	#-38	16			
Mailing Address (Number and Str KANE OHE City  808-247-775  Gelephone Exte	3 or 8	368-3		HT State 3 WS	5b@1a	9674 zip Code Va , Net
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Page 1 of 2

	OR MORE PER PERSON PE	<b>ER DAY</b> 325 or more per person per day during t	he statement penod.
Name	On Behalf of ORG		Amount or Value
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Check here if addition	onal sheets are attached		
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	TURES OF \$150 OR MORE P		
		total sum of \$150 or more per person du	
Name	On Behalf of ORG		Amount or Value
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PART II. CONTRIBUTION	IS DECEIVED		
		total sum of \$25 or more per person duri	ing the statement period.
Name	On Behalf of ORG		Amount or Value
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Check here if addition	onal sheets are attached		
PART III. SUBJECT ARE, Legislative and/or administrative a		orted or opposed during the statement p	period:
Agriculture	Education	Human Services	Science, Technology &
<del></del>			Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
	<del></del>	<del> </del>	
AUTHORIZED PERSON	Mann A BUL	Mw	
WHILEN S. BOL	<i>()</i>	OWNER	5-28-14
Print Name of Authorized	Person (First M.I. Last)	Title	Date (m/d/yyyy)
and the information contains		lete to the best of your knowledge and	pears as the "Authorized Person" above belief. You further certify that you